

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

TRAVIS R. NORWOOD

3542062

(Enter above the full name of the plaintiff or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 5:19-cv-00604

(Number to be assigned by Court)

TROOPER M. BYNUM

JHON DOE X 8

OFFICIAL CAPACITY

INDIVIDUAL CAPACITY

(Enter above the full name of the defendant or defendants in this action)

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed?
Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: MT. OLIVE CORRECTIONAL

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes _____ No ✓

C. If your answer is YES:

1. What steps did you take? N/A

2. What was the result? N/A

D. If your answer is NO, explain why not: IT HAS NOTHING

TO DO WITH THE PRISON

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: TRAVIS R. NORWOOD #3542062

Address: 1 MOUNTAINSIDE WAY, MT. OLIVE, WV 25185

B. Additional Plaintiff(s) and Address(es): N/A

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: _____

is employed as: _____

at _____

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1. ON JULY 31, 2016 AT AROUND 7:00 P.M. THE PLAINTIFF WAS A PASSENGER IN A VEHICLE THAT WAS STOPPED BY THE LEWISBURG POLICE DEPARTMENT, IN GREENBRIER COUNTY WEST VIRGINIA.
2. WHILE POLICE CONDUCTED A SEARCH OF THE VEHICLE, THE DEFENDANT ATTEMPTED TO QUESTION THE PLAINTIFF. THE PLAINTIFF INVOKED HIS RIGHT TO REMAIN SILENT, AT WHICH TIME THE DEFENDANT ~~REACH~~ GRABED THE PLAINTIFF BY THE NECK, AND TOLD HIM HE WOULD KILL HIM.

IV. Statement of Claim (continued):

3. THE PLAINTIFF WAS TAKEN TO THE LEWISBURG POLICE STATION, AND AGAIN INVOKED HIS RIGHT TO REMAIN SILENT. THE DEFENDANT THEN PUNCHED THE PLAINTIFF IN THE FACE, PULLED ^{HIM} OUT OF HIS CHAIR, THREW HIM TO THE GROUND, PUNCHED HIM IN THE HEAD A FEW MORE TIMES.
4. THE PLAINTIFF WAS THEN TAKEN TO GREENBRIER VALLEY HOSPITAL FOR TREATMENT OF THE INJURYS HE SUFFERED.
5. THE PLAINTIFF HAS SUFFERED FROM MIGRAINE'S EVER SENSE,
JULY 2019,
AND WAS JUST INFORMED BY MEDICAL STAFF ^{IT COULD BE FROM HEAD} INJURY.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

1. PLAINTIFF ASKS THAT THIS COURT APPOINT HIM COUNSEL FOR THIS MATTER.
2. PLAINTIFF IS ASKING FOR \$ 500,000.00 FOR HIS INJURYS AND SUFFERING FROM THE DEFENDANTS.
3. ORDER DEFENDANTS PAY THE MEDICAL BILLS ASSOCIATED WITH THE PLAINTIFF'S TREATMENT OF THE INJURYS.
4. ORDER THE DEFENDANTS PAY ANY AND ALL COST ASSOCIATED WITH THIS CIVIL SUIT.

V. Relief (continued):

VII. Counsel

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

[Signature]

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons:

C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____

No

If so, state the lawyer's name and address:

N/A

Signed this 5 day of AUGUST, 20 19.

 # 3542062

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5 AUGUST 2019.
(Date)

 # 3542062

Signature of Movant/Plaintiff

Signature of Attorney
(if any)

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

TRAVIS R. NORWOOD #3542062
Your full name

v.

Civil Action No.: _____

TROOPER M. BYNUM

JHON Doe X8

OFFICIAL CAPACITY +

INDIVIDUAL CAPACITY

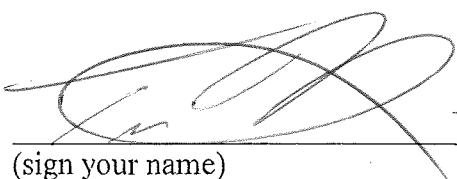
Enter above the full name of defendant(s) in this action

Certificate of Service

I, TRAVIS R. NORWOOD (your name here), appearing *pro se*, hereby certify
that I have served the foregoing _____ (title of document)
being sent) upon the defendant(s) by depositing true copies of the same in the United States mail,
postage prepaid, upon the following counsel of record for the defendant(s) on

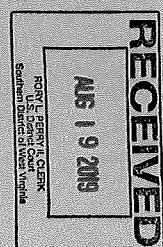
8-5-2019 (insert date here):

(List name and address of counsel for defendant(s))


#3542062
(sign your name)

TRAVIS R. NORWOOD #3542062
1 MOUNTAINSIDE WAY
MT. OLIVE, WV 25165


Correspondence from an
Inmate at Mount Olive
Correctional Complex and Jail



CLERK, UNITED STATES DISTRICT COURT
P.O. BOX 2546
CHARLESTON, WV 25329

LEGAL MAIL